**样本筛选入选表**

项目名称：

研究中心： 广州医科大学附属妇女儿童医疗中心 主要研究者：

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| **筛选号** | **病人ID号** | **标本识别码**  **（样本原实验室编号）** | **标本类型** | **标本采集时间** | **临床诊断背景信息** | **入组情况：符合所有入组标准，不符合所有排除标准** | **入组编号** |
|  |  |  |  |  |  | ☐是  ☐否，原因\_\_\_\_\_\_\_ |  |
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备注：根据实际项目简要罗列入排标准

**研究者：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 筛选日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**